



Long Term Care Coordinating Council

October 13, 2010, 10:00 am

Home and Hospice Care of R.I.

1085 North Main Street, Providence, RI

Minutes

In attendance:

Maria Barros	Susan Sweet	Deborah Florio
Jill Anderson	Corinne Russo	Holly Garvey
Kathleen Heren	David Dosa	Elena Nicolella
Ken Pariseau	Cathy Cranston	Elizabeth Earls
Bonnie Larson	Deanna Casey	Craig Stenning
Maureen Maigret	Rebecca Martish	Diana Franchitto
Bonnie Sekeres	Joan Kwiatkowski	Roberta Merkle
Jim Flanagan	Jim Nyberg	Lt. Governor Roberts
A. Barile	Dawn Wardyga	Jennifer Wood
Cynthia Conant-Arp	Kathleen Kelly	Hung Nguyen
Ellen Mauro	Bob Caffrey	
Karen Amado	Ray Rusin	

1. Call to Order at 10:05am

2. Approval of Minutes

Minutes unanimously approved with amendments to attendance.

3. Report of Nursing Home Deficiencies Monitoring Ray Rusin, Department of Health

Report attached. Kathy Heren provides an update on the closing and transition of residents at Woodland – transition is smooth – the intention is to complete the transition for all residents by Oct 19th.

St. Josephs's assisted living is raised by the Lt. Governor and discussed by the council members. DOH and ABLTC have pulled a team together – Roger Williams Home Care

is involved. All residents are being assessed. Family meeting today – criminal background checks on residents have been completed to facilitate transition. Letter to families caused some consternation but the team is together for an orderly transition (even though it is assisted living facility rather than a nursing home). 40% of the residents (roughly) have Medicaid coverage – an orderly process is under way involving a wide array of the LTCCC members and participants.

Council discusses the “gap analysis” in understanding better the impact of affordable assisted living options and what we have in terms of available inventory of assisted livings and what our needs are for affordable assisted living as a state. Potential issue for LTCCC to follow up on – in a broader, statewide analysis of the gap between current capacity and projected need. BHDDH is also involved. DOH is not involved with the Medicaid office on assisted living but is involved with the closure notification based on licensure issues. Assessment and appropriateness of transfer is something that DOH is involved with.

62 residents will be transitioned – 60 still need to be transitioned.

4. Presentation: New Initiatives Included in the Managed Care Reprocurement for RIte Care and Rhody Health Partners

Deb Florio – DHS

- DHS started a year ago to put out information for the reprocurement of Rhody Health 2006, and RIteCare 1994 – time to update – five health plans (two out of state) have responded as well as six community organizations – great input received on the procurement documents.
- Only two formal proposals were received – United and Neighborhood, so there was a need for a Blue Cross transition plan (for those who had previously enrolled through BCBSRI). 6,600 families – 15,000 individuals were effected by the BSBSRI decision – going through an orderly transition with these families and individuals. The provider networks overlap nicely – a “warm” transfer will be achieved.
- Four enrollment groups – rolling enrollment of five groups of members.
- Very aware of everyone in hospital or active treatment, pregnant etc. to ensure a smooth transition for those individuals. Not a high volume of calls coming in regarding this transition.
- Initiatives in the reprocurement:
 - Role of Primary Care Provider – patient centered medical home – continuity of care including mental health and especially patient involvement
 - Selective contracting for health plans – a tool for health plans to manage cost and quality. Selective contracting based on quality and cost to address disparities in laboratory costs, imaging, other outpatient services etc.
 - Beefed up program integrity requirements – health plans are doing enhanced member education about fraud and abuse – help members to participate in fraud and abuse detection.
 - Enhanced ability to ensure that Medicaid is payer of last resort – aggressively seeking third party coverage.

- Hospital reimbursement – legislation requiring APR/DRGs going into effect July 1 – controls over increase or trend that plans will be charged – Article 20 of the budget legislation – HARI suggestions were included in statute – rate reduction of 9.9% lowers cost of hospital spend – as of January 1 health plans will be required to pay prior rate (June 30, 2010) minus 9.9% - inpatient included specific benchmark for trend for next year. On outpatient side rate freeze for one year – all of this will be revisited in a year.
- Generic-first Pharmacy – members must be tried on generic first – if that doesn't work then specific process to substitute brand name – this contract includes children and Rhody Health Partners into generic first. There is an exempt list for the generic first policy – pharmacy committee made up of physicians and pharmacists to keep the generic first list up to date. Brand names are covered on a case by case basis.
- Pharmacy Home – another tool – for frequent users of medications – establish benchmarks and put controls in place.
- Communities of Care – working with RIPIN and others to assist members who are frequent users of emergency room. Medical home, pharmacy home will be helpful mechanisms to assist this population. Advanced medical homes and patient centered medical homes are available – highlight these to members.
- Enhanced care management – care navigators will be assigned through a partnership with RIPIN – this program has been very successful in other states. Incentives for participation in communities of care – reward active engagement with care navigators – determine actionable steps to reduce reliance on ED etc.
- Smoking cessation and HBTS – children's service – to move “in plan.”

Council discusses “wellness incentives” – targeting frequent ED use for example – education of providers – now trying to get members themselves engaged with navigators – members participate in talking to peer navigator or care manager – participants will get a gift card for following through on these activities.

Council discussed potential impact of 9.9% hospital rate reduction – will this be tracked to see if discharges are happening earlier and thus driving up readmissions through the ED. This will be carefully monitored in January when this takes effect. Home care providers see this trickle down effect now – readmission will be a major issue to monitor – there are checks and balances in place with this change in Medicaid overall. There are monitoring systems in place – weekly census, daily census with discharge planners – med reconciliation another big piece – all of these are part of the plan.

Council discusses the issue of families outside of Medicaid who need better integration for services – there are some access issues for services – there is a gap for children with special health care needs who have commercial insurance coverage but cannot access particular services that are only available through Medicaid at this time. Access issue that RIPIN is working on – not as much a Medicaid eligibility issue but more of an access issue for those with commercial insurance. No mechanism to purchase some services

AND no coverage for some services. Discussion of whether this will require a legislative initiatives or whether it can be achieved through another method. Health plans may be reticent in the context of parity requirements – cautionary approach to some intensive home based program. Very few have the capacity to pay privately (without commercial insurance coverage) for some of these very intensive services.

Context for this presentation to the Council is that there are many in these managed care models funded by Medicaid who are in home and community based services through Medicaid – important to connect these dots. This is one of the initiatives under the Global Medicaid Waiver.

5. Update: DHS Budget and Global Waiver Implementation

Director Elena Nicolella and staff – DHS

- Planning grant received for “Money Follows the Person” – implementation of grant will be coordinated with other EOHHS agencies.
- Background check grant achieved with AG’s office. Recognition for Kathy Heren, Maureen Maigret – RI one of only six states to receive this funding in the first round – kudos to all involved including DHS and AG’s office as well as advocates involved in this effort. Planning for implementation will be very community based with input from families.
- Grant with OHIC for health insurance exchange planning has been awarded and will be a multi-agency effort.
- Global Waiver Implementation:
 - Senate report and expenditure report have been issued – in process of reissuing expenditure report and it will be sent out again later this week.
 - RFI sent to purchasing re long term care delivery system – this will be issued to the public in the coming weeks – looking for information and guidance relating to DHS and DEA funded portions of the system (services and systems focused on DHS/DEA funded not DD or BH issues per se).
 - When responses to the RFI have been received there will be a reprocurement for changes to the long term care delivery system.
 - Continuing to pursue reform in the way that assisted living is paid for. Looking at options provided by consultant – will meet with the assisted living industry to go over options.
 - Very productive discussions with adult day services and recognize how integral this component is.
 - Ellen M. will talk about nursing home transition – data requirements etc.
 - Oct 29 – Caseload Estimating Conference will take place – 10 am – open to public
 - Next meeting would like to review Caseload Estimating Conference presentation with focus on LTC services – better understanding of national health reform on the LTC system. Adjunct to Healthy RI Task Force report.
 - CMS has issued a new version of the MDS – working with ABLTC and others to put detail into that process – notice to nursing homes, discharge planners etc. that any requests for options planning, Office of Community Programs will

screen all referrals. RNs on team screen for options counseling for community placements as nursing home diversion in transition from acute care stays. Stats – 77 referrals since July 1 30 home 2 assisted living 10 waiting for assisted living (geographical preferences etc.) Reaching out to Jim Nyberg and Kathleen Kelly re vacancies etc. – group process to facilitate placements – work on new rate methodology etc. needed for transition. Shared living – 2 screened but no matches yet. Created several discharge planning videos – available on DHS website – 20 minute video discussing options – geared to discharge planners. 1 for discharge planners – one geared more to consumers/seniors – 1 on the global waiver writ large.

Council discusses the housing barriers – 10 people awaiting assisted living for example – barriers with access to elderly housing – request to Sec’y Alexander – in order to move and transition people a housing specialist is being hired. Bonnie Sekeris notes that the housing subgroup recommended a HUD and CMS application to change requirements for admission to elderly housing – due to waiver program – request is that transition program or other programs could waive the waiting period – immediate placement for transition from nursing homes.

HUD also revamping housing for elderly program – bare bones only at this time – new 202 housing program for frail elders, very low income elders, services made available for people living in housing either through PACE or waiver programs. Housing can be applied for not only by non-profits but also by cities and towns (new) and also by public housing authorities. This is in nascent form, comment period begins next month – a lot to monitor by this council. New construction and changes to current housing. Frail elders services – not a licensure issue if through PACE or waiver programs – possible licensure issues may also arise – this is still in draft form so it will be a wait and see. This is a new, more robust model.

6. Update: Healthy RI Task Force Implementation of National Health Reform **Jennifer Wood – Lt. Governor’s Office**

Lt. Governor notes that there is a strong connection that can be made between acute care and long term care – this is an opportunity for us to start to focus acute care/insurance/hospitals on the connection to long term care. Lots of opportunities here for the council to implement.

7. New Business

Update opportunity with HUD and CMS – DHS worked with BDDHA and Pawtucket Housing authority to get category 2 funding – Bristol and Warren got category 1 vouchers – under money follows the person huge focus on housing – this will be a big focus to strengthen this system. Bristol and Warren got 25 vouchers each – those are portable if accepted by the particular project based housing.

Ken Pariseau announces November 17th policy makers forum on the uninsured - how to address this issue in preparation for and before national health reform. Local and national speakers will be there. Announcement will be forwarded to LTCCC members.

Questions were raised by participants about the timing of the supportive care housing regulations.

Liz Earls – discussion of DBH – meeting regarding some of the facets of this issue – if a patient no longer meets medical necessity –so much pressure on system – discharge process needs to be looked at – care coordination etc. Not just payment to the hospitals – Quality Partners of RI Safe Transitions Program etc.

8. Public Comment

Ray Rusin announces RI Generations symposium on the 17th – flyers available – listed on the Quality Partners website – resident centered care Dr. Bill Thomas featured keynote – conference is at the Westin in Providence with free parking.

9. Adjourn

Next Meeting November 10, 2010

HHCRI is accessible to persons with disabilities. Individuals requesting interpreter services for the hearing impaired or needing other accommodations, please call 401-222-2371 and ask for Jennifer Wood or email Ms. Wood at jwood@ltgov.state.ri.us.